10/814203

BATENT APPLICATION SEE DETCOMMETICAL DEC								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								7023 (2111)					
CLAIMS AS FILED - PART I (Column 1) (Catumn 2)								SMALL	ENTITY	OF		R THAN ENTITY	1
	TOTAL CLAIM	VIS -		9			1	RATE	FEE	`	RATE	FEE	┪
	FOR		NUMB	NUMBER FILED.		UMBER EXTRA		BASIC F	EE 385.0	OF	2000	770.00	1 .
	TOTAL CHARG	11	minus 20=		0		X\$ 9:		OF	` 		1	
17	NDEPENDENT	CLAIMS		minus 3 =		D		X43=		OF	X86=		1
MULTIPLE DEPENDENT CLAIM PRESENT						——————————————————————————————————————		+145=	145	OR		-	1 .
•	* If the difference in column 1 is less than zero, enter *0" in column 2								+			 	1 0
;4	oloila	GLAIMS AS	AMENDE	D - PAR		TÖTAL	- [32	OH	•	<u></u>	1 C		
	3/3/10	(Column 1)		(Calumn 2) (Calumn 3)			S	SMALI	ENTITY	OR		OTHER THAN SMALL ENTITY	
AMENDMENT A	PRE	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA] 	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABLE
8	Total	<u> </u>	Minus	-21	D	. 0		X\$ 9=	0	OR	X\$18=		1 5
AME	Independent		Minus	1	<u> </u>	- D		X43=	0	OR	X86=		
_	FIRST PRES	SENTATION OF A	IULTIPLE DE	TIPLE DEPENDENT CLAIM					1	٦			ř
	,			·	·· -			+145=	18	OR	+290=		. (
1	9-22-a	(Column 1)		10 -1	·			TOYAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
_	· · · ·	CLAIMS		(Colum	ST ·	(Column 3)	ı		1 455	,			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID F	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹ 9.	Total ·	. 9	Minus	- //		•		_ XS.9=		OR	-X\$18=-		·
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_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT C	MIAS		ŀ		 	OR	700 <u>-</u>		
	•				_		L	+145=		OR	+290=	•	
						•	A	. TOTAL Dort. Fee		ĢR ,	TOTAL DDIT, FEE		
_		(Column 1)		(Column		(Column 3)		•		•	•		
2	•	CLAIMS REMAINING		HIGHES NUMBER	A	PRESENT	Γ	••••	ADDI-	ı	T	ADDI-	
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אוויייייייייייייייייייייייייייייייייייי	Total	•	Minus	. 8			十	X\$ 9=	<u> </u>	OR	X\$18=	FEE	<u>.</u>
	Independent	•	Minus · ·			8	H	X43=		•			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	1000 €.		OR	X86=			
*. If the entry in column 1 is less than the entry in column 2 write 10" in column 3.													
. **		Tiber Previously, Po.	d Far IN This	2 22ACC		20	AΠ	TOTAL OIT, FEE	·- ·	OR .	TOTAL DIT. PEE	F	<u>-</u>
T	he Highest Nur	mber Previously Pa ther Previously Pald	For (Total or	SPACE is le (independent)	is the h	3, enter "3," lighest number t			ropriate box				• • • ·
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Petient and Visidemath Office, V.S. DEPARTMENT OF COMMERCE

FORM PTO-875 (Rev. 10/03)